

NAME	LAST	FIRST	MI	SOCIAL SECURITY NUMBER
ADDRESS		STREET		
CITY	STATE	ZIP	DAYTIME PHONE ()	

Please indicate the type of mid plan year event incurred:

SOME PERMITTED MID PLAN YEAR CHANGES*

- ☐ Loss of coverage eligibility for (dependent) child or spouse
☐ Armed Forces (dependent) child or spouse
☐ Marriage
☐ Divorce
☐ Death (dependent) child or spouse
☐ Birth of a child* (60 days for newborns)
☐ Adoption of or placement for adoption of child*
☐ Change from FT to PT employment or vice versa
 ☐ SELF ☐ SPOUSE ☐ DEPENDENT
☐ Unpaid leave of absence ☐ SELF ☐ SPOUSE ☐ DEPENDENT
 ☐ Start ☐ Return (only if dependents coverage was dropped when leave started)
☐ Ineligibility of dependent child ☐ AGE ☐ MARRIAGE
☐ Beginning or end of employment of spouse/dependent

☐ Expiration of COBRA (spouse or child)
☐ Significant change in health coverage due to spouse's or dependent employment*
 (please explain): _____

☐ Court Order*
☐ Medicare* ☐ SELF ☐ SPOUSE ☐ DEPENDENT
☐ Medicaid* ☐ SELF ☐ SPOUSE ☐ DEPENDENT
☐ Open Enrollment* ☐ SPOUSE ☐ DEPENDENT
☐ Change in Residence* ☐ SELF ☐ SPOUSE ☐ DEPENDENT

DOCUMENTATION REQUIRED

- Letter of explanation from Employer or insurance company with cancellation date of coverage
 Copy of enlistment papers
 Marriage license
 Divorce decree
 Death certificate
 Birth certificate (when it becomes available)
 Finalized Adoption agreement or letter from placement agency
 Letter of explanation from employer w/ loss of coverage eligibility or the effective date of insurance.
 Letter of explanation from employer with effective date of unpaid leave.

 Birth certificate, marriage license, or letter from registrar (with insurance effective date)
 Letter from employer w/ loss of coverage eligibility and termination date or effective date of insurance and date of full time employment
 Letter from employer, plan description or insurance provider

 Court Order
 Copy of Medicare card showing effective date or another form of documentation showing effective date of coverage
 Copy of Medicaid card or relevant letter indicating effective date
 Copy of enrollment form or letter from employer with effective date of coverage
 Utility Bill, change in address form, lease, mortgage agreement

Please indicate the changes you wish to make due to the mid plan year event indicated above. Permitted election changes must be consistent with the event.*

DEPENDENT CARE SPENDING ACCOUNT

- ☐ Terminate account
☐ Start account
 (election form must be completed)
☐ Change existing account
 (election form must be completed)

HEALTHCARE SPENDING ACCOUNT*

- ☐ Terminate account
☐ Start account
 (election form must be completed)
☐ Change existing account
 (election form must be completed)

SHORT TERM DISABILITY INCOME

- ☐ Terminate coverage
☐ Start coverage
 (evidence of insurability and election forms must be completed)

LEGAL

- ☐ Terminate coverage
☐ Change to single coverage
☐ Change to two-person coverage
☐ Change to family coverage

LONG TERM DISABILITY INCOME

- ☐ Terminate coverage
☐ Start coverage
 (evidence of insurability and election forms must be completed)

GROUP MEDICAL INSURANCE

(Please submit group insurance status change form)

- ☐ Terminate
☐ Change to single coverage
☐ Change to two-person coverage
☐ Change to family coverage
☐ No change in premium, but addition or deletion of dependent.

GROUP DENTAL INSURANCE

(Please submit group insurance status change form)

- ☐ Terminate coverage
☐ Change to single coverage
☐ Change to two-person coverage
☐ Change to family coverage
☐ No change in premium, but addition or deletion of dependent

GROUP VISION INSURANCE

- ☐ Terminate coverage
☐ Change to single coverage
☐ Change to two-person coverage
☐ Change to family coverage
☐ No change in premium, but addition or deletion of dependent

This is to certify that on _____, 200 ____ I incurred the events indicated above and therefore wish to modify my benefits and salary reduction amounts as indicated. **I understand that the change(s) requested must be consistent with the event and that I must provide documentation of all events.** If documentation is not readily available, submit this form within 30 days (60 days for newborns) of the event. Forward documentation supporting your election change request when available. Review of request will be pending receipt of documentation.

Signature _____ Date _____

**Completed form must be received
within 30 days of the event. Submit
documentation when available:**

FAX 305-577-9920

Please keep pink copy for your records.

*SEE BACK FOR FURTHER DETAILS

REV 11/01 3 Part NCR-W/Y/P

OFFICE USE ONLY

Approved _____	Complete _____
Effective date _____	
Pending documentation _____	
Denied _____	
Notes _____	

The information contained on the back of this form provides a brief summary of the information contained in The Fine Print section of your employer's Enrollment Book for the current plan year. Refer to that section for more details prior to completing and submitting this form.

In its sole discretion, your employer's designee, Fringe Benefits Management Company (FBMC), 172 W. Flagler Street, Suite 340, Miami, FL 33130—FBMC Customer Service 1-800-342-8017, will review, on a uniform and consistent basis, the facts and circumstances of each timely submitted request for a mid-plan year election change. Note that even if there is a permissible election change under IRC § 125 rules, some of your employer's component plans' insurance contracts may not allow (or may limit) mid-plan year changes.

Mid-plan year election changes must be consistent with the event. Within 30 days of an event (60 days for newborns) which is consistent with one of the event categories that follow, you must complete and timely submit to FBMC a Change In Status/Election Form. Contact FBMC to obtain this form. Documentation supporting your election change request is required. Upon the approval and completion of processing your election change request, your existing benefit election(s) will be stopped or modified (as appropriate) the first day of the pay period or the first day of the month after an approved mid-plan year election change request has been received. Generally, mid-plan year pre-tax election changes can only be made prospectively and no earlier than the first payroll after your election change request has been received, unless otherwise provided by law. If your election change request is denied, you will have 30 days, from the date of the denial, to file an appeal. For more information, refer to the "Appeals Process" in The Fine Print section of your employer's Enrollment Booklet for the applicable plan year.

Change In Status (CIS) Events. Changing a pre-tax benefit election mid-plan year is permitted if your requested change is made on account of, and corresponds with, one of the valid CIS events under this event category. Experiencing one of the valid CIS events below does not automatically permit a mid-plan year election change. The election change requested must be consistent with the event and, in most cases, affect your own, your spouse's or your dependent's gain or loss of eligibility for coverage (referred to as the IRS "general consistency" requirement), or for a particular coverage option such as managed care or indemnity under the plan(s) provided by your employer, your spouse's employer or your dependent's employer. Mid-plan year pre-tax election changes can only take effect prospectively unless HIPAA's special enrollment provisions apply. See, HIPAA's Special Enrollment Provisions below to determine if HIPAA applies to your event. Your requested CIS change may also have to satisfy the IRS special consistency requirements in order for you to be able to alter your election based on the CIS event. NOTE: Most health (Medical Expense) FSAs provide that all tax dependents are eligible for coverage. IRS regulations do not permit health FSA coverage to be changed solely on account of a change in cost or coverage under an employer's plan. IRS regulations do permit that a corresponding election change can be made to health FSA coverage on account of, and consistent with, a valid CIS event.

Circumstances constituting valid CIS events

1. Change in your legal marital status - including marriage, death of spouse, divorce, legal separation (if recognized by state law), or annulment. IRS special consistency rules 1, 2 and 4 may apply.
2. Change in number of tax Dependents - including marriage, birth, death, adoption or placement for adoption. Existing dependents can also be added whenever a dependent gains eligibility as a result of a valid CIS event. IRS special consistency rules 1 and 4 may apply.
3. Change in employment status that affects eligibility of Employee, your Spouse or your Dependent - including: termination or commencement of employment; a switch between full-time and part-time status and vice versa; a strike or lock-out; commencement or return from an unpaid leave of absence; change in work schedule such as an increase or decrease in the number of hours of employment; change from salaried to hourly status and vice versa; a change in worksite. IRS special consistency rules 1, 2 and 4 may apply.
4. Change (the gain or loss) of Spouse's or Dependent's eligibility status - such as attainment of a specified age; student status; marital status; or any similar circumstances which satisfy or cease to satisfy the eligibility requirements under the plan providing the coverage. IRS special consistency rules 1, 3 and 4 may apply.
5. Change in place of residence of Employee, Spouse or Dependent.

Special Consistency Rules

1. Loss of Dependent Eligibility. If a change in your marital or employment status involves a decrease or cessation of your spouse's or dependent's eligibility requirements for coverage due to: your divorce, legal separation (if recognized by state law), or annulment from your spouse; your spouse's or dependent's death; or a dependent ceasing to satisfy eligibility requirements, you may elect to decrease or cancel the accident or health insurance coverage only for the individual(s) involved. You cannot decrease or cancel any other individual's coverage under these circumstances.
2. Gain of Coverage Eligibility Under Another Employer's Plan. For a change in which you, your spouse, or your dependent gains eligibility for coverage under another employer's plan as a result of a change in marital or employment status, you may elect to cease or decrease coverage only for that individual but only if coverage for that individual becomes effective or is increased under the other employer's plan.
3. Dependent Care Expenses. For dependent care expenses, you may change or terminate your D-FSA election only if: (i) such change or termination is made on account of and corresponds with a CIS that affects eligibility for coverage under your employer's or other employer's plan; or (ii) the election change is on account of and corresponds with a CIS that affects eligibility of dependent care expenses for the tax exclusion available under IRC § 129.
4. Group-term Life Insurance, Dismemberment or Disability Coverage. For any valid CIS event, you may elect either to increase or decrease these types of coverage, even if coverage eligibility has not been affected.

Changes in Cost or Coverage Events (For more details, see The Fine Print section in your employer's Enrollment Book for the applicable plan year.)

IMPORTANT: Changes in cost or coverage alone do not permit changes to a health (Medical Expense) FSA.

- Significant Cost Increase or Decrease by Your Employer in Your Own or Your Dependent's Coverage.
- Significant Improvement to Coverage by Your Employer to an Existing Benefit Plan or Package Option.
- Addition by Your Employer of a New Benefit Plan or Package Option.
- Significant Curtailment of Coverage of Any Plan of Your Own or Another Employer.
- Coverage Lost Under Group Health Plan Sponsored by Governmental or Educational Institution. You may elect to participate in a cafeteria plan if you, your spouse or your dependent loses coverage under a group health plan sponsored by a governmental or educational institution, such as state-sponsored children's health insurance program. IRS regulations do not allow a cafeteria plan participant to cease participation if she or he becomes eligible for a group health plan sponsored by a governmental or educational institution during the plan year.
- Coverage Changes and Dependent Care. You may make a corresponding election change to your D-FSA benefit whenever you actually switch dependent care providers. For example, if you send your child to a day care center, you can now switch to another day care center or even to a relative who is able to provide custodial care for your eligible dependent. If switching dependent care providers (including to a relative) involves an increase or decrease in cost, or a dependent care provider increases or decreases its rate while providing your eligible dependent with custodial care, you can make a corresponding change to your salary reduction amount. However, while a "blood" relative is providing the custodial care for your eligible dependent, you cannot change your salary reduction amount solely on a desire to increase or decrease the amount being paid to the relative.
- Open Enrollment Under Other Employer's Plan. Except for a Medical Expense FSA arrangement where a change in coverage is not permitted under this event, you may make an election change when your spouse or dependent makes an Open Enrollment change in coverage under their employer's plan, if their employer's plan year is different from your employer's cafeteria plan, and their employer's plan(s) permit mid-plan year election changes under this event.

HIPAA's Special Enrollment Provisions Except for your employer's health FSA plan, your employer's group health plans are subject to HIPAA's special enrollment rights which provide that an IRC § 125 cafeteria plan may permit an employee to change a salary reduction election due to birth, adoption, placement for adoption, or marriage to pay for the extra cost for group of the marriage). Pre-tax coverage is on a prospective basis only like any other permitted mid-plan year election change. Retroactive coverage would be permissible only on a post-tax basis if permitted by the provider.

Certain Judgment, Decree or Court Order This event does not apply to a Dependent Care FSA arrangement. With respect to accident and health coverage, however, if a judgment, decree, court order, divorce, legal separation (if recognized by state law), annulment, or change in legal custody requires that coverage for your dependent child (including a dependent foster child) be provided by:

- You under Your Health or Accident Coverage, you may change your benefit election(s) to provide such child with coverage that is consistent with the court order.
- Your Spouse, Former Spouse, or Other Individual, you may change your benefit election(s) to cancel coverage for such child, consistent with the court order, but only if the other individual actually provides the coverage.

Medicare and Medicaid. This event does not apply to a Dependent Care FSA arrangement. With respect to accident and health coverage, if you, your spouse, or your dependent -

- Is Enrolled in Your Employer's Health or Accident Benefit Plan, and Becomes Entitled to Medicare or Medicaid (other than coverage solely for pediatric vaccines), you may prospectively cancel or reduce such coverage as applicable. For a health (Medical Expense) FSA, you may decrease your coverage, or increase it, if prior employer coverage was more comprehensive.
- Loses Eligibility for Medicare or Medicaid, you may prospectively elect to commence or increase such coverage as applicable. For a health (Medical Expense) FSA, you may increase your coverage, or decrease it where the employer plan is more comprehensive.